

NWS CHANGE FORM PART A				1. DATE SUBMITTED 1/10/00	
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).					
2. ORIGINATOR OFFICE APO		3. SUBMITTING AUTHORITY Name: Ward Seguin Routing Code: W/APO1		4. COGNIZANT TECHNICAL INDIVIDUAL Name: Wayne Martin Routing Code: W/APO3 Phone: (301) 713-0920, x-178	
				5. ORIGINATOR TRACKING NUMBER RC_APO 21 4.2.NWWSTestmsg	
6. SYSTEMS AFFECTED BY CHANGE <input type="checkbox"/> DATA PRODUCTS (Complete Data Products Supplement) <input type="checkbox"/> ASOS <input checked="" type="checkbox"/> AWIPS <input type="checkbox"/> CRS <input type="checkbox"/> NEXRAD <input type="checkbox"/> OTHER (specify) _____				7. WSH TRACKING NUMBER NWS 537 1/14/99	
8. TITLE OF CHANGE Reduce Number Of NWWWS Test Messages					
9. TYPE OF CHANGE <input type="checkbox"/> HARDWARE <input checked="" type="checkbox"/> SOFTWARE <input type="checkbox"/> DOCUMENTATION ONLY				10. SITES AFFECTED (Attach Part B, Page 2, if needed) See attachment A1A	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) Too many weather wire messages being transmitted to the central processing facility from all sites, over period of peak transactions during which numerous system crashes occurred.					
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) Change the system crontabs to only generate the Keep Alive Message once per hour, at 43 minutes after each hour.					
13. ALTERNATE SOLUTIONS None.					
14. REQUIRED CHANGE DATE 29 Jan 2000		15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.) To ensure that all sites are ready for AWIPS commissioning schedule, which will demand more uplink by the end of January 2000.			
CCB/PMC/CMB DECISION					
16. DECISION AUTHORITY LEVEL		<input type="checkbox"/> CCB LEVEL ONLY		<input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED	
17. CCB LEVEL DECISION		<input type="checkbox"/> APPROVED		SIGNATURE	
		<input type="checkbox"/> RECOMMEND APPROVAL		DATE SIGNED	
		<input type="checkbox"/> DISAPPROVED			
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED					
18. PMC OR NWS CMB DECISION		<input type="checkbox"/> APPROVED		SIGNATURE	
		<input type="checkbox"/> DISAPPROVED		DATE SIGNED	

NWS CHANGE FORM PART B		1. ORIGINATOR TRACKING NUMBER 4.2.NWWSTestmsg	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		2. WSH TRACKING NUMBER	
FUNDING INFORMATION			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		3. SOURCE OF FUNDING	4. TOTAL COST \$
5. DEVELOPMENT COSTS (Estimate development costs) This cost is associated with R4.2 maintenance		KMOD _____ BASE	AMOUNT \$
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) N/A		BASE	AMOUNT \$0
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs)		KMOD _____ BASE	AMOUNT \$0
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) N/A			AMOUNT \$0
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) This change will be pushed to the sites by the NCF as directed by the SST		KMOD _____ BASE	AMOUNT
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) Contractor (PRC) - NCF Operations		KMOD _____	AMOUNT Unknown
SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change.			
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) N/A		11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/a	
12. IMPLEMENTATION/RETROFIT SCHEDULE		13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A	
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A		15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED N/A	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) N/A		17. COORDINATION OF CHANGE WITH OTHER CHANGES N/A	
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A		19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) No recurring workload impacts.	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) N/A		21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) N/A	
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) SST will coordinate with the AWIPS sites for the NCF to push the change to these site. SST, and the APO will be available to the sites for assistance.			

NWS CHANGE FORM PART C		1. ORIGINATOR TRACKING NUMBER 4.2.NWWSTestmsg	
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.		2. WSH TRACKING NUMBER	
3. CCB COST EVALUATION			
NWS COST \$	FAA COST \$	DOD COST \$	OTHER AGENCY COST \$ (SPECIFY) _____
TOTAL COST \$			
4. IMPLEMENTATION DOCUMENTS REQUIRED			
<input type="checkbox"/> Engineering Modification Note <input type="checkbox"/> Software Release Notes <input type="checkbox"/> Other Document (Specify) _____			
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.			
	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION
A. Coordinate implementation schedule with selected sites through SST	17 Dec 99	Thigpen/SST, W/APO3	N/A
B. NCF Push the change to selected sites as directed by SST	29 Jan 00	Thigpen/SST, W/APO3	See item C
C. Ensure this change is reported to the Weather Service Headquarters (WSH) through the Engineering Management Reporting System (EMRS) according to the instructions in Engineering Handbook number 4, part 2. Record this RC number (NWS529) in Block 17a of the EMRS report.	12 Feb 00	Finke, W/CR41x4 Machado, W/ER41x4 Garcia, W/SR41x4 Fahy, W/WR411	
D. Ensure the appropriate WSH management information systems and configuration management data bases are updated to reflect these changes.	26 Feb 00	Michelle deTommaso W/OSO113	